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Dated: 8-20-03

Signature: Aurelia A. Caparas  
(Aurelia A. Caparas)

Docket No.: 342312003500  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of:  
Michael J. RODRIGUEZ, et al.

Application No.: 09/868,279

Group Art Unit: 1614

Filed: February 6, 2002

Examiner: Not Yet Assigned

For: CYCLIC PEPTIDE ANTIFUNGAL AGENTS  
HAVING A SUGAR SUBSTITUENT

**REQUEST FOR CORRECTED FILING RECEIPT**

Filing Receipt Corrections  
Office of Initial Patent Examination  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby requests that a corrected Filing Receipt be issued in the above-identified patent application. The official Filing Receipt received by Applicant, a copy of which is attached hereto. The correction needed is as follows:

Title

Please replace "peptide" with --peptide--

and in the Correspondence Address

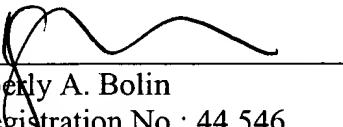
Please replace "Madeline I. Johnston" with --Kimberly A. Bolin--.

A marked-up copy of the Filing Receipt (showing the above changes in red ink) is enclosed, along with an Application Data Sheet.

Applicant additionally requests that all pertinent U.S. Patent and Trademark Office records relating to the subject application be changed to reflect this correction.

Dated: August 20, 2003

Respectfully submitted,

By   
Kimberly A. Bolin  
Registration No.: 44,546  
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## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/868,279	02/06/2002	1614	1044	342312003500		23	3

Kimberly A. Bolin  
 Madeline L. Johnston  
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 755 Page Mill Road  
 Palo Alto, CA 94304-1018

## RECEIVED

APR 16 2002

MORRISON &amp; FOERSTER, LLP

CONFIRMATION NO. 7236

## FILING RECEIPT



Date Mailed: 04/10/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Michael John Rodriguez, Indianapolis, IN;  
 Michael John Nesler, Bozrah, CT;  
 Mark James Zweifel, Indianapolis, IN;

COPY

## Domestic Priority data as claimed by applicant

THIS APPLICATION IS A 371 OF PCT/US99/29927 12/15/1999  
 WHICH CLAIMS BENEFIT OF 60/112,433 12/16/1998

## Foreign Applications

Projected Publication Date: Not Applicable, filed prior to November 29, 2000

Non-Publication Request: No

Early Publication Request: No

## Title

Cyclic peptide antifungal agents having a sugar substituent  
*peptide*

## Preliminary Class

514

DOCKETED

MC *200*

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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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**CONFIRMATION NO. 7236**

Bib Data Sheet

SERIAL NUMBER 09/868,279	FILING OR 371(c) DATE 02/06/2002 RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. 342312003500
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**APPLICANTS**

Michael John Rodriguez, Indianapolis, IN;  
 Michael John Nesler, Bozrah, CT;  
 Mark James Zweifel, Indianapolis, IN;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US99/29927 12/15/1999  
 which claims benefit of 60/112,433 12/16/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/11/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IN	SHEETS DRAWING	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

25226

**TITLE**

Cyclic peptide antifungal agents having a sugar substituent

FILING FEE RECEIVED 1044	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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